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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)	
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			SCH-1815-C01	
Application Number 10/796,174			Filed MARCH 10,	2004
For COMBINATIONS AND CO ANGIOPOIETIN/TIE RECEPTOR I			TH VEGF/VEGF AND	
Art Unit 1614			Examiner A. R. HUGHES, Ph.D.	
This is a request under the provisions of application.			.,	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		<u>Fee</u>	Small Entity Fee \$65	\$
One month (37 C		\$130		Ψ
Two months (37	CFR 1.17(a)(2))	\$490	\$245	\$
Three months (3)	7 CFR 1.17(a)(3))	\$1110	\$555	\$ <u>1110</u>
Four months (37	7 CFR 1.17(a)(4))	\$1730	\$865	\$
Five months (37	7 CFR 1.17(a)(5))	\$2350	\$1175	\$
Statemen	iee is enclosed.  n authorized to charg  zed to charge any fe  402.  form may become put  formation and author	e fees in this applica es which may be rec olic. Credit card infor ization on PTO-2038. hterest. See 37 CFF (b) is enclosed. (Fo	quired, or credit any over mation should not be in 3.3.71 rrm PTO/SB/96).	erpayment, to
attorney or a	gent under 37 CFR	1.34.		
Registration	n number if acting under 37	CFR 1.34		
/Anthony J. Zelano/			December 10, 2008	
Signature			Date	
Anthony J. Zelano Typed or printed name			(703) 243-6333 Telephone Number	
NOTE Signatures of all the inventors or assimore than one signature is required, see belt  Total of forms are sub	ignees of record of the enti ow.	re interest or their represe		mit multiple forms if

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to life (and by the USFTO to process) an application. Certificationalisty is governed by \$5.U.S. C.12 and 37 CFR 1.13 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application from to the USFTO. Time will vay depending upon the individual case Aly comments on the amount of time you require to complete fills form and/or acceptance for reducing time but other, should be sent to the Other Internation of Discry, U.S. Patient and Trainant Office. U.S. Paparit ren't Table 1.00 and 1.00 are the other of the other othe